



Fax

Attention: Mail Stop ISSUE FEE	From: Travis Dodd
Fax: (571) 273-2885	Fax: (818) 833-2065
Examiner's Phone:	Phone: (818) 833-2014
Company: United States Patent and Trademark Office	Company: Quallion LLC
Re: Application Serial No. 10/798,499	Pages: 8
Filing Date: March 10, 2004	Date: January 2, 2008
Confirmation No. 6134	
Inventor(s): Alvaro Masias et al.	
Examiner: Edward Tso	
Group Art Unit: 2838	
for POWER SYSTEM FOR MANAGING POWER FROM MULTIPLE POWER SOURCES	
Our File No. Q182-US1	

☐ Urgent ☒ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

If you have any questions or did not receive this transmission in its entirety, please call (818) 833-2000, extension 2003.

CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)

I hereby certify that the following documents are being facsimile transmitted to the United States Patent and Trademark Office, Fax No. 571-273-2885 on January 2, 2008:

- Transmittal of Payment of Issue Fee (Small Entity) (in duplicate)
- Fee Transmittal (in duplicate)
- PTOL-85 (Rev. 11/03) Part B. – Fee(s) Transmittal (in duplicate)
- Form PTO-2038, credit card authorization

Lisa K. Robbins

(Name of Person Signing Certificate)

(Signature)

Quallion LLC

PO Box 923127, Sylmar, CA 91392-3127 • PH: (818) 833-2000 • FAX: (818) 833-2085

NOTICE: This message is confidential, may be legally privileged, and is for the intended recipient only. Access, disclosure, copying, distribution, or reliance on any of it by anyone else is prohibited and may be a criminal offense. If it has been sent to you in error, please advise the sender of the error and immediately destroy this message.

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages In This Submission

Application Number	10/798,499
Filing Date	March 10, 2004
First Named Inventor	Alvaro Masias et al.
Group Art Unit	2838
Examiner Name	Tso, Edward
Attorney Docket Number	Q182-US1

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	Assignment Papers (for an Application)	After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Authorized	Drawing(s)	Appeal Communication to Board of Appeals and Interferences
Amendment	Licensing-related Papers	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
After Final	Petition to Convert to a Provisional Application	Proprietary Information
Affidavits/declaration(s)	Power of Attorney, Revocation Change of Correspondence Address	Status Letter
Extension of Time Request	Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
Express Abandonment Request	Request for Refund	<input checked="" type="checkbox"/> Issue Fee Transmittal
Information Disclosure Statement	CD, Number of CD(s) _____	
Certified Copy of Priority Document(s)	Remarks	
Response to Missing Parts/ Incomplete Application		
Response to Missing Parts under 37 CFR 1.52 or 1.53		

Customer Number or Bar Code Label

31815

(Insert Customer No. or Attach bar code label here)

The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-0921. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

Dated: 1/2/2008

By:

Phone: (818) 833-2003
Fax: (818) 833-2065Travis Dodd
Attorneys for Applicant(s)
P.O. Box 923127
Sylmar, CA 91392-3127**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner of Patents and Trademarks, Washington, DC 20231 on this date: _____

Typed or printed
name TRAVIS DODD

Signature

Date



FEE TRANSMITTAL

Attorney Docket No.	Q182-US1
First Named Inventor:	Alvaro Masias et al.
Application Number	10/798,499
Filing Date:	March 10, 2004
Examiner Name:	Edward H. Tso
Group/Art Unit:	2838

TOTAL AMOUNT OF PAYMENT:	\$ 720.00
METHOD OF PAYMENT (check One)	1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and/or credit any over payment to: Deposit Account No.: 50-0921 Deposit Account Name: Quallion LLC <input checked="" type="checkbox"/> Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17 2. <input checked="" type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Other - Credit Card

2. UTILITY Basic Filing Fee & Claims

(1) For	(2) No. filed	(3) No. extra	(4) Large Entity	(5) Small Entity	(6) Calculations
Basic Filing Fee	XX	XX	\$ 300.00	\$ 150.00	\$.00
Total Claims	25 - 30 =	0	X \$ 50.00	X \$ 25.00	\$.00
Independent Claims	4 - 6 =	0	X \$ 200.00	X \$ 100.00	\$.00
Multiple Dependent Claim(s) (if applicable)			\$ 360.00	\$ 180.00	\$.00
Total of above Calculations =					\$.00

Basic Filing Fee	Large Entity	Small Entity	Total
Design filing fee	\$ 350.00	\$ 175.00	\$.00
Reissue filing fee	\$ 790.00	\$ 395.00	\$.00
Provisional filing fee	\$ 160.00	\$ 80.00	\$.00
Total of above Calculations =			\$.00

3. ADDITIONAL FEES

Fee Description	Large Entity	Small Entity	Other
ISSUE FEE	\$ 720.00	\$ 720.00	\$ 720.00
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
TOTAL:			\$ 720.00

Name (print/type)	TRAVIS L. DODD	Registration No.: (Attorney/Agent)	42,491
Signature		Date	1/2/2008

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

31815

7590

10/02/2007

MARY ELIZABETH BUSH
 QUALLION LLC
 P.O. BOX 923127
 SYLMAR, CA 91392-3127

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/798,499	03/10/2004	Alvaro Masias	Q182-US1	6134

TITLE OF INVENTION: POWER SYSTEM FOR MANAGING POWER FROM MULTIPLE POWER SOURCES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$720	\$0	\$0	\$720	01/02/2008
EXAMINER	ART UNIT	CLASS-SUBCLASS	01/02/2008 HNGUYEN2 00000105 10798499			
TSO, EDWARD H	2838	320-138000	01 FC:2501 720.00 OP			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Gavrilovich David A
 Lindsey LLC
 2
 3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

QUALLION LLC

Sylmar, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
☐ Publication Fee (No small entity discount permitted)
☐ Advance Order - # of Copies

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

- ☐ A check is enclosed.
☒ Payment by credit card. Form PTO-2038 is attached.
☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-CP921 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☒ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date

1/21/08

Typed or printed name

HISASHI TSUKAUCHI

Registration No.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.